

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/868447

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		2				
4		0				
5		0				
6		0				
7		0				
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TOTAL IND.	1		1			
TOTAL DEP.	9		8			
TOTAL CLAIMS	10		9			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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